

Inclusive SRHMNCAH programming: Focus on young people

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Scale



- Today, adolescents and young people (between 10 and 24 years old) is close to 1.8 billion – more than at any other time in history – approximately 90% of whom live in less developed countries.
- Furthermore, over 600 million of them live in fragile and conflict-afflicted areas, and in many fragile countries more than 60% of the population is under 25.

*Note: Adolescents: 10-19

Youth: 15-24

Young People: 10-24

Challenges to meeting young people's SRH needs



1. We are not adequately investing sufficiently in meeting the SRH needs of young people in emergencies
2. When there are investments, youth are often not involved or included in designing, implementing, and monitoring the programs that are intended to reach them
3. Recognize the heterogeneity of adolescent and young people's diverse, unique and intersecting needs and capacities
4. Limited age disaggregated data on young people and data about the specific needs of these diverse groups represents an additional challenge.

Recommendations



- **Invest in adolescent voluntary contraception; key to locking the SDG goals.**
- **Advocate and adopt an adolescent lens to MISIP responses in acute emergencies.**
- Integrate ASRH into
- **Advocate for a more cohesive multi-sectoral approach.**
- **Provide integrated age-appropriate ASRH services according to existing guidance**, such as that outlined in the IAFM*** *Adolescent Reproductive Health* chapter and other tools.
- **Involve relevant stakeholders (parents, community leaders, health practitioners and teachers) and adolescent girls and boys themselves as full partners.**
- **Strengthen program linkages and referral pathways, and integrate the diverse population of adolescents into existing SRH, child protection, education and livelihoods programming.**
- **Monitor service usage through collection of sex- and age-disaggregated data.** This disaggregation should include 10-14, 15-19 and 20-24 years.
- **Engage in initiatives that evaluate and document ASRH programming.** Invest in measuring the impact of interventions at the population level, examining cross-sectoral outcomes and ASRH programming across the relief to development continuum (crisis, post-crisis and recovery).
- **Involve AYP in leadership to strengthen programming**

THANK YOU



Recommendations



- Successful programs have ensured **stakeholder involvement** to build community trust and secure adult support.
- **Adolescent participation and engagement**, beyond tokenistic participation and from the onset of an emergency is critical to building adolescent buy-in and increasing demand.
- Successful programs are **responsive to the different needs of adolescent sub-populations**.
- **Qualified and dedicated adolescent SRH staff, including clinical staff**, are crucial to good quality service provision.
- The provision of comprehensive SRH services for adolescents **at a single site can increase service utilization**.

Findings from good practices



- Stronger programs take a **holistic, multi-sectoral approach** to adolescent SRH programming that moves beyond facility-based health services and a siloed SRH focus.
- Stronger programs provide **refresher trainings, structured supervision, recognition and ongoing mentorship** to peer educators to address motivation and retention challenges.
- **Flexible outreach strategies**, as well as the inclusion of **transportation budgets**, are necessary to reaching adolescents in insecure environments.
- **Addressing adolescent SRH during emergency preparedness** can help to ensure that the critical needs of this population are not overlooked at the onset of emergencies.

Recommendations from Study



Donors and governments:

- **Fund programs addressing adolescents SRH within the MISP.**
- **Increase support for multi-year, holistic, comprehensive and flexible adolescent SRH programming.**
- **Strengthen the capacity of development programs to integrate adolescent SRH into preparedness and response.**

Health cluster/sector:

- **Advocate, prioritize and approve adolescent SRH-inclusive projects** in humanitarian funding appeals.
- **Mainstream adolescent SRH among health sector/cluster partners** for a coordinated response.

Recommendations from Study



Humanitarian organizations :

- **Integrate the diverse population of adolescents into existing SRH, child protection and education programming.**
- **Monitor service usage** through sex-/age-disaggregated data.
- Advocate and adopt an **adolescent lens to MISP responses**
- **Provide integrated adolescent SRH services** according to the IAFM *Adolescent Reproductive Health* chapter.
- **Involve stakeholders** (parents, community leaders and teachers) and **adolescents themselves** as full partners.
- **Strengthen program linkages and referral pathways.**
- **Evaluate** adolescent SRH programming.

Recommendations from Study



Development organizations

- **Play a stronger role in emergency preparedness efforts** to respond to urgent SRH needs of the population when crises occur, including for adolescents.
- **Coordinate with humanitarian actors** at the onset of an emergency for a multi-sectoral response.

